



U. S. ENVIRONMENTAL PROTECTION AGENCY

# APPLICATION FOR FIRMS TO CONDUCT LEAD-BASED PAINT ACTIVITIES

**Important:** This application to EPA if properly signed will serve as a firm's Certification Letter to perform lead-based paint activities. Consult the *Instructions for Firms Applying for Certification to Conduct Lead-Based Paint Activities* and the official requirements reprinted there to complete this form. Individuals should use the *Application for Individuals* instead of this form. **Please type or print responses in black or blue ink only.**

**A. General Information**

Select one of the following.

- ' Certification application
- ' Replacement of a lost certificate
- ' Certification renewal
- ' Adding additional jurisdiction(s) to certification/amending certification

Official Use Only

**For information on EPA  
and other lead programs,  
see the web site:**

**<http://www.epa.gov/lead>**

**' Check here to be listed on  
EPA's web site**

Indicate the discipline(s) of the individuals the firm intends to employ and all of the jurisdiction(s) in which the firm intends to perform lead-based paint activities. An EPA-run jurisdiction includes an EPA-run state, U.S. territory, or all Indian tribal land(s) in any one Region. Your firm will be eligible for certification to work only in those jurisdiction(s) identified. Attach additional sheets of paper, as necessary.

**Inspector ' Risk Assessor ' Supervisor ' Project Designer ' Abatement Worker '**

The fee you must pay is affected by the jurisdiction(s) in which you plan to conduct lead-based paint activities. A firm does not receive certification by discipline and your fee is not affected by the number of disciplines you select. See the fees in the instruction booklet to determine your fee. The total fee on this table should include fees calculated on additional sheets.

1<sup>st</sup> jurisdiction: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
(See the definition for jurisdictions and the fee examples in the instruction booklet.)

Additional jurisdiction(s): \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
(\$35 per jurisdiction)

**Total Fee: \$ \_\_\_\_\_**

**B. Applicant Information**

Name of Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Address, Suite Number (Please, no P.O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from above) Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Attesting Individual: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Title \_\_\_\_\_

Firm's Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Attesting Individual's Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Attesting Individual's E-mail Address: \_\_\_\_\_

**C. Professional Certifications**

Does the firm hold current permits, licenses, certifications, or registrations in the lead-based paint activity field in any state, U.S. territory, or Indian tribal land? Yes ' No

**If yes,** please fill in the following blanks, one line for each permit, license, certification, or registration held. Attach additional sheets of paper, as necessary. For more information, refer to the official requirements (40 CFR § 745.226(f)) reprinted in the instruction booklet.

Discipline in which certification held	State, U.S. territory, or Indian tribal land(s) name	Certification/Identification Number	Date received
Discipline in which certification held	State, U.S. territory, or Indian tribal land(s) name	Certification/Identification Number	Date received

**D. Lead-Based Paint Activity Violations**

Does the firm have any past, present, or pending lead-based paint activity violations of EPA, state, U.S. territory, or Indian tribal land(s) regulations?      Yes      No

If yes, please attach additional paper with a written explanation.

**E. Certification Statement**

Fill in the blanks in the following statement as indicated.

\_\_\_\_\_, attests that \_\_\_\_\_  
Name of Firm      Name of Firm  
 shall only employ appropriately certified employees to conduct lead-based paint activities.  
 \_\_\_\_\_ will encourage all employees to maintain their certifications  
Name of Firm  
 according to 40 CFR § 745.226(e) and conduct lead-based paint activities only in those areas in which the  
 employee has received specific certification. \_\_\_\_\_ and its employees will follow  
Name of Firm  
 the work practice standards in 40 CFR § 745.227 for conducting lead-based paint activities at all times.

Privacy Act Statement: This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. §552a. The authority for collecting this information is 40 C.F.R. Part 745, and 15 U.S.C. §§2682 and 2684. The information collected on this form will be used to establish the applicants eligibility for certification to conduct lead-based paint activities in target housing and child-occupied facilities. Disclosure of this information is voluntary, however, the failure to provide this information may delay or prevent an applicant's certification. This information may be disclosed in appropriate and limited circumstances to: EPA employees, contractors, grantees or others when performing duties that are compatible with the purpose for which this information is collected and when this information is necessary to complete the task; a member of Congress in response to a request made with your consent and on your behalf; to appropriate law enforcement agencies responsible for investigating, enforcing, prosecuting or implementing specific statutes, codes or regulations and this information is relevant to that responsibility; an appropriate adjudicative body when such disclosure is compatible with the purpose for which this information is collected and the EPA or the United States has an interest in the proceeding; and the Department of the Treasury, the General Services Administration, the General Accounting Office and other Federal, State, and Local Agencies for authorized activities related to this information.

I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the certification.

Attesting Individual's Signature  
 (Please sign legibly in the box above.)

\_\_\_\_\_  
 Date Signed

**Before you mail your application, check to make sure that you have: two (2) envelopes - one (1) for your application and one (1) for your fees and have:**

- ' Filled out all sections of the application
- ' Signed and dated the application
- ' Made a copy of your application for your files
- ' Enclosed a photocopy of the appropriate certification fee(s) (check or money order) and fee payment stub in the envelope for your application

**In the first envelope, mail original completed application, supporting materials, and a photocopy of the certification fees to:**

U.S. Environmental Protection Agency  
 OPPTS (MC 74040)  
 LBP Activities Accred/Cert. Request  
 1200 Pennsylvania Avenue, NW  
 Washington, DC 20460

- ' Complete and enclose the fee payment stub in the envelope for your fees
- ' Your fee payment must include "Lead Program User Fees" on the payment stub
- ' See the fees in the instruction booklet for more information

**In the second envelope, mail certification fees and fee payment stub to:**

U.S. Environmental Protection Agency  
 Washington Financial Management Center  
 Lead Program User Fees  
 P.O. Box 360277M  
 Pittsburgh, PA 15251